

QuickFund\$ *(due no later than August 31)*

FINAL EVALUATION REPORT: Arts Education Project

Annual Commission Grant period July 1 to June 30

Grantee Name _____

Address: _____

City: _____ State: _____ ZIP: _____

Social Security Number or EIN Number _____ ☐ Check if this is a new address?

Phone: _____ #Individuals Benefiting: _____

FAX: _____ #Youth Benefiting _____

Grant Amount Received \$ _____ #ADA 504 Individuals benefiting _____

1. **Narrative evaluation of the grant** (attach additional sheets as necessary)
 - Compare the actual accomplishments of the project to those proposed in the application.
 - Explain the impact of this grant to applicant/community/region and the challenges encountered.
2. **Please submit copies of programs, publicity, and other printed materials. Please submit two photos for publication use.** (attach photo credit form as needed)
3. **Summarize below the actual project budget and identify the activities and expenses supported by the QuickFund\$ grant:** *(receipts are not required)*

Actual Project Expenses	ICA Grant	Other Expenses
Professional Services:		
Artist/Consultant Fee (hrs _____ x rate \$ _____)	\$ _____	\$ _____
Artist/Consultant Planning Fee (hrs _____ x rate \$ _____)	\$ _____	\$ _____
Visiting Artist Fee _____	\$ _____	\$ _____
Organizational/Social Work (attach itemized list) _____	\$ _____	\$ _____
Lodging _____	\$ _____	\$ _____
Travel _____	\$ _____	\$ _____
Supplies _____	\$ _____	\$ _____
Documentation _____	\$ _____	\$ _____
Equipment Rental/Lease _____	\$ _____	\$ _____
Postage/Printing _____	\$ _____	\$ _____

Total in-kind contributions: \$ _____
(attach detail breakdown)

Total expenses \$ _____
(required cash or in-kind match ratio 1:1)

Application Certification: *"I certify that I have complied with the QuickFund\$ guidelines, that I have met the requirements, and that all of the information contained in this report is true and correct to the best of my knowledge."*

Signature of Grantee

Date

Mail this form to: Idaho Commission on the Arts, PO Box 83720, Boise, Idaho 83720-0008

DATE		DOC#			RefDoc#			
Invoice		VENDOR#			Prj/Phase			
Sfx	TC	Rvs	PCA	ACC	Sub-Object	Amount	Fund	Grant/Ph

DESCRIPTION _____

Grant Amount Paid _____

Program Director _____

Agency Approval _____